

# Death Record

## HAMILTON COUNTY CORONER'S OFFICE Cincinnati, Ohio

Number 102839 Reported by Dr. Nibar Sarkar  
Time reported 8:25 A.M. Agency Drake Memorial Hospital  
Date reported 03/07/87 Reported to Shirley Stubbers - CM

Name JOHN WILLIAM POWELL Age 44 Date 01 09 / 43

Address 5120 Grosse Pointe Lane, Delhi Township, Cincinnati, Ohio. 45238

Occupation Plumber/Welder - G. E. & Zimmer & Union SS number 278 38 1808

☐ Single ☐ Widowed ☒ Male ☒ Caucasian  
☒ Married ☐ Divorced ☐ Female ☐ Black  
☐ Separated ☐ Unknown ☐ Other

Medical care: ☒ 0-3 months ☐ None  
☐ 3-6 months ☐ Unknown  
☐ 6 months or longer ☐ At or by Drake Memorial Hospital

Found dead at \_\_\_\_\_

☒ Injured at Drake Memorial Hospital, 151 W. Galbraith Road, Cincinnati, Ohio. 45216

Time \_\_\_\_\_ Date 03 / 07 / 87

Investigated by Cincinnati Homicide Squad

Next of kin notified by Drake Memorial Hospital Date 03 / 07 / 87

Pronounced dead by Dr. Nibar Sarkar Date 03 / 07 / 87

At Drake Memorial Hospital - inpatient Time 8:05 A.M.

Postmortem examination ☒ Yes ☐ No ☒ Coroner's Office ☐ Hospital

Postmortem examination by Dr. Lee Lehman and Dr. Paul Jolly H- 108-87

Body viewed by \_\_\_\_\_ Date \_\_\_\_\_

Disposition of body ☒ Buried ☐ Cremated ☐ Other \_\_\_\_\_

Location Bridgetown Cemetery, Hamilton County, Ohio Date 03 / 10 / 87

Funeral Director Vitt & Sfermer, 4619 Delhi Road, Cincinnati, Ohio. 45238

IMMEDIATE CAUSE OF DEATH (A) Acute cyanide intoxication

Due to (B) Homicide

Due to (C) \_\_\_\_\_

Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part (A).  
\_\_\_\_\_

DEATH RECORD NO. 102839

H-198-87

PATHOLOGIC DIAGNOSES

OF THE BODY OF

JOHN POWELL

1. Acute cyanide intoxication.
2. Bilateral pneumonia.
3. Medical-surgical intervention:
  - a) remote craniotomy
  - b) tracheostomy
  - c) gastrostomy
  - d) remote partial frontal, parietal and temporal lobectomy.

OPINION:

It is our opinion that the cause of death of John Powell is acute cyanide intoxication.

*Lee D. Lehman, M.D.*

Lee D. Lehman, M.D., Deputy Coroner, Pathologist  
Hamilton County, Ohio

*Paul N. Jolly, M.D.*

Paul N. Jolly, M.D., Chief Deputy Coroner, Pathologist  
Hamilton County, Ohio

JOHN POWELL

A postmortem examination of the body of a white male identified as John Powell is performed at the Hamilton County Morgue on March 7, 1987. The examination is conducted by Lee D. Lehman, M.D. and Paul N. Jolly, M.D. and is begun at 11:00 A.M.

EXTERIOR:

The body, measuring 70 inches in length and weighing 151 pounds, is that of a normally developed, well nourished adult white male who appears approximately his offered age of 44 years.

Livor mortis is present in the posterior dependent regions. Rigor mortis is beginning to develop in the jaw. The body is warm to touch in the absence of refrigeration.

The head is covered by gray-black hair which is wavy and has a length measuring up to 3 inches. There is a mustache over the upper lip. The irides are brown and pupils are equal at 0.2 inch. The sclera and conjunctivae of the left eye are slightly yellow. There are no petechial hemorrhages or additional abnormal markings. No foreign material is present in the external auditory canals, nares or oral cavity. The upper jaw is edentulous. The lower jaw demonstrates natural teeth in the anterior region. The trachea is midline and the neck demonstrates no palpable adenopathy. The anterior neck demonstrates a remote tracheostomy incision 0.5 inch in diameter. The tracheostomy tube is not present. The chest demonstrates a normal anterior-posterior diameter. The abdomen is flat. There is a linear remote surgical scar extending from the xiphoid process to below the umbilicus, 9 inches in length. The left upper quadrant of the abdomen, 2 inches to the left of the midline, demonstrates a gastric feeding tube orifice 0.4 inch in diameter. The extremities are equal and symmetrically developed. A 1.5 inch in length, linear, surgical incision is located over the anterior medial aspect of the left ankle. There is focal depigmentation of the skin of the right forearm overlying the elbow measuring 3 by 2.5

inches, and over the right wrist on the ulnar surface measuring 3.5 by 1.2 inches. A 9 by 5 inch area of scarring is present over the lateral surface of the left arm and forearm centered over the elbow. The external genitalia are those of a circumcised male and are free of lesions. The testes are descended.

#### INTERIOR:

The panniculus adiposus over the anterior abdomen averages 1 inch in thickness. There is no abnormal accumulation of fluid within the peritoneal, pleural or pericardial cavities. There are dense fibrous adhesions over the posterior aspects of the right and left lungs. The serosal surfaces are otherwise wet, smooth and glistening. The thoracic and abdominal organs have their usual anatomic relationships. There are dense fibrous adhesions surrounding the surgical scar in the anterior abdomen.

#### CARDIOVASCULAR:

The heart, weighing 425 grams, is normal in configuration. The epicardial surface is red-brown, smooth and glistening. The coronary ostia are normally located. The right coronary artery is dominant. The coronary arteries have thin walls and smooth intimal linings. There is no significant atherosclerotic plaque formation or stenosis. The heart is opened in the direction of blood flow and the cardiac chambers are normal in proportion. The interatrial and interventricular septa are intact. The foramen ovale is not patent. The valve rings are of average caliber and the valve leaflets are thin and soft. The endocardial surface is smooth, red-brown and free of abnormal markings. Serial sectioning of the myocardium reveals a homogeneous red-brown cut surface which shows no scars or other abnormal markings.

The aorta is of average diameter. Its intimal surface is yellow and demonstrates only minimal atherosclerotic plaque formation in the abdominal region. The large veins are normally distributed, thin-walled and patent.

#### RESPIRATORY:

The proximal trachea demonstrates a tracheostomy defect approximately 0.4 inch in diameter. The tracheobronchial tree has a pink-tan mucosa which has a small amount of clear mucoid material adherent to it.

The lungs, weighing 1100 and 1050 grams, right and left respectively, are of normal lobation. The pleural surfaces are red-tan and smooth. The lower lobes and the posterior aspects of the upper and right middle lobes are firm and have a green-tan purulent exudate. The cut surface demonstrates areas of firm greenish discoloration surrounding the branches of the tracheobronchial tree. There is associated consolidation. The anterior regions of the upper lobes are crepitant and with compression exude a small amount of pink fluid. The hilar nodes are soft and mildly enlarged. The pulmonary arteries are freely patent and have smooth intimal linings.

#### LIVER AND GALLBLADDER:

The liver, weighing 2650 grams, is covered by a dusky red, intact, smooth capsule. On section the cut surface demonstrates the usual consistency and is dark brown. There are no focal abnormal markings.

The wall of the gallbladder is thin. The gallbladder contains approximately 15 milliliters of light green fluid bile. There is no cholelithiasis and the biliary tree is patent.

#### SPLEEN:

The spleen, weighing 225 grams, is covered by a dusky red, smooth, intact capsule. On section the cut surface is dark red and demonstrates preservation of the usual trabecular and follicular markings. There are no focal abnormal markings and the consistency is normal.

#### ADRENALS:

The suprarenal glands have their usual anatomic relationships and are normal in size and configuration. On sectioning the cut surfaces demonstrate unremarkable yellow and brown cortical and thin gray medullary zones. There are no hemorrhages or other focal abnormal markings.

#### GENITOURINARY:

The kidneys, weighing 300 and 250 grams, right and left respectively, are covered by thin capsules which strip with ease from smooth cortical surfaces. On sectioning there is good corticomedullary demarcation. The cut surfaces are congested. The calyces, pelves and ureters are normal in configuration and are freely patent. There are no focal abnormal markings.

The urinary bladder is empty. The prostate is normal in size and configuration and has an unremarkable light gray-tan cut surface. The testes are present in the scrotum and on sectioning are composed of yellow granular tissue which strings out normally. The epididymides are unremarkable.

#### ALIMENTARY:

The esophagus is empty. The esophageal mucosa is gray-tan and intact. The stomach contains 150 cubic centimeters of white fluid. The fluid has an unusual, unpleasant odor. The gastric mucosa is pink and, except for the gastrostomy site, is intact.

The serosal and mucosal surfaces of the small and large intestine are intact and free of abnormal markings. The appendix is normal in size and configuration.

#### NECK:

There is no focal discoloration of the soft tissue of the anterior neck. The hyoid bone and the cartilaginous structures of the larynx are intact. The laryngeal mucosa is light gray and demonstrates no focal abnormal markings.

The thyroid is normal in size and configuration and on sectioning is made up of red-brown tissue which demonstrates no focal abnormal markings.

#### PANCREAS:

The pancreas is normal in size and configuration and has its usual anatomic relationships. On sectioning the cut surface is lobulated, light yellow-tan and free of abnormal markings.

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#### HEAD:

There is no focal discoloration of the undersurface of the scalp. The right frontal and parietal regions of the calvarium demonstrate a 4 by 3 inch remote craniotomy with smooth margins. The calvarium and dura are otherwise intact. The brain, weighing 1200 grams, is covered by smooth glistening leptomeninges beneath which the gyral architecture is preserved in areas away from the remote injury. The left temporal, parietal and frontal lobes demonstrate a green-brown area of remote partial lobectomy 2.5 by 1.5 by 1.5 centimeters. The large arteries over the base of the brain are normally distributed, thin-walled and patent. There is dilatation of the lateral ventricles. The cortical and ganglionic gray matter are thin. Sections through the cerebellum, pons and medulla demonstrate a normal architecture of these structures.

The base of the skull is intact.

The pituitary gland is grossly normal.

#### MUSCULOSKELETAL:

There are no additional abnormalities of the axial or appendicular skeleton. There is wasting of the musculature. The diaphragm is smooth and glistening and in its proper position.

#### MICROSCOPIC EXAMINATION:

Brain: Remote contusion with extensive gliosis.

Lung: Necrotizing lobar pneumonia with multiple abscess formations.

Sections of other organs including adrenal gland, testis, pancreas, thyroid, prostate, spleen, liver, heart and kidney demonstrate no diagnostic histopathologic abnormality.

#### LABORATORY EXAMINATIONS:

The following analyses were ordered by us and were performed in the usual course of business according to established methods in the laboratory.



Powell -6-

Blood Type:

"A"

Chemical Examination:

A sample of blood is analyzed for cyanide and acetaminophen, and is subjected to a general drug screen. A sample of gastric contents is analyzed for cyanide. The results are:

Blood

cyanide:	1 milligram percent
acetaminophen:	2.0 milligrams percent
general drug screen	
phenobarbital:	0.3 milligram percent
phenytoin:	0.9 milligram percent
diazepam:	probable trace

Gastric contents

cyanide:	4 milligrams percent.
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Independent laboratory examination by SmithKline Bio-Science Laboratories reports the following results:

Blood

cyanide:	0.94 milligram per liter
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Stomach contents

cyanide:	3.88 milligrams per liter.
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ADDENDUM

John Powell

DR 102839 H-108-87

Additional toxicology:

On March 19, 1987, Lee D. Lehman, M.D. ordered a general screen for drugs performed on a sample of gastric contents. On March 23, 1987, Dr. Lehman ordered a Reinsch test for heavy metals performed on a sample of liver. The results are:

Gastric contents

general screen

diphenylhydantoin:

approximately 2 milligrams per  
milliliter

acetaminophen, phenobarbital,  
and metoclopramide:

present at much lower concentrations  
than diphenylhydantoin

Liver

Reinsch test for  
heavy metals:

negative.